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| **SPACE ONLY EXHIBITORS****COMPULSORY FORM**  |
| **French Property Exhibition****Novotel London West****27th & 28th January 2024**Operations Form - Health & Safety InformationPlease read through and complete thoroughlyExhibitors will not be allowed access to their stand unless organisers are in receipt of this form including the signed risk assessment and declaration.**Risk Assessment**An exhibition stand is a workplace covered by Health and Safety Legislation. As the exhibitor it is your responsibility to ensure that suitable and sufficient risk and fire risk assessments are completed. |
| **COMPANY CONTACT DETAILS** |
| Company Name |  | Stand No |  |
| Trading Name(If different from above) |  |
| Contact Name |  |
| Address |  |
|  |  |
| Postcode |  |
| Tel |  | Fax |  |
| Email |  | Website |  |
| **CONTACT DETAILS OF PERSON ON SITE** |
| Contact Name |  |
| Tel |  | Mobile |  |

**CONTRACTOR DETAILS**

|  |  |
| --- | --- |
| Company Name |  |
| Contact Name |  |
| Address |  |
|  | Postcode |  |
| Tel |  | Fax |  |
| Contact on site  |  | Contact mobile no. on site |  |

**RISK ASSESSMENT DECLARATION**

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| I/ We will be constructing, or using contractors to construct, our stand and we will ensure that a full risk assessment, together with a method statement, detailed plans and certificate of insurance are completed for the build up, show open days and breakdown of our stand and forwarded to the exhibition organisers.  | 🗆 (✓) |

**HEALTH & SAFETY DECLARATION**

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| I/ We confirm that our responsibilities under the Health & Safety at Work Act 1974 and all its subordinate regulations which apply will be complied with and that adequate public liability insurance to cover our activities on-site has been taken out. |
| SIGNATURE | POSITION IN COMPANY  |
| PRINT NAME  | DATE  |

**Please return this form as soon as possible to your account manager:**

**peter@francemedia.com**

**emma.kestin@francemedia.com**